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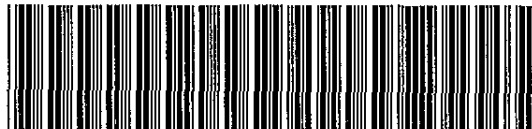
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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January 20, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Wholistic Medicine Clinic, LLC

Filing Evidence

- ☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

- ☐ Photocopy

☐ Certified Copy

Type of Document

- ☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments
☐ Fictitious Name Certificate

☐ Other

| NEW FILINGS | |
|-------------|-------------------|
| | Profit |
| | Non Profit |
| X | Limited Liability |
| | Domestication |
| | Other |

| AMENDMENTS | |
|------------|------------------------------------|
| | Amendment |
| | Resignation of RA Officer/Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| OTHER FILINGS | |
|---------------|------------------|
| | Annual Reports |
| | Fictitious Name |
| | Name Reservation |
| | Reinstatement |

| REGISTRATION/QUALIFICATION | |
|----------------------------|-------------------|
| | Foreign |
| | Limited Liability |
| | Reinstatement |
| | Trademark |
| | Other |

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**ARTICLES OF ORGANIZATION
OF
WHOLISTIC MEDICINE CLINIC, LLC**

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TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be WHOLISTIC MEDICINE CLINIC, LLC (hereinafter referred to as "Company").

ARTICLE II - DURATION

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 1405 S. E. Goldtree Drive, Suite D, Port St. Lucie, Florida 34952.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of the Company in the State of Florida is Roy T. Mildner, The Historic Arcade Building, 101 N. U.S. Highway 1, Suite 200, Fort Pierce, Florida 34950.

ARTICLE V - ADMISSION OF NEW MEMBERS

Additional members may be admitted to the Company with the unanimous written consent of all existing members of the Company and on such terms and conditions as shall be determined by all the members.

ARTICLE VI - RIGHTS OF MEMBERS TO CONTINUE BUSINESS

The remaining members of the Company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, provided all remaining members consent to the continuation of said business.

ARTICLE VII - MANAGEMENT

The Company shall be managed by the following members in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The names and addresses of the managing members of the Company who are to serve as managers until the first annual meeting of members or until their successors are elected and qualify are:

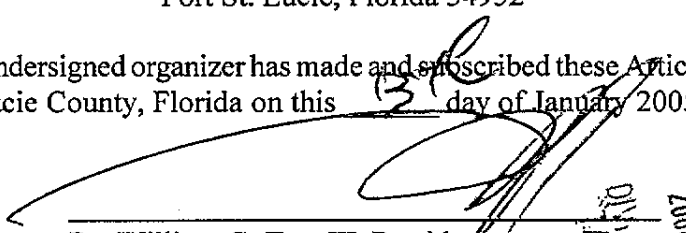
NAME

ADDRESS

Wholistic Medicine Clinic, Inc.

1405 S. E. Goldtree Drive, Suite D
Port St. Lucie, Florida 34952

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Fort Pierce, Saint Lucie County, Florida on this 13th day of January 2005.

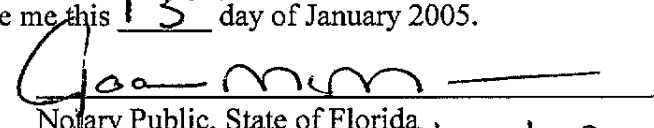

Dr. William G. Tye, III, President
Wholistic Medicine Clinic, Inc.

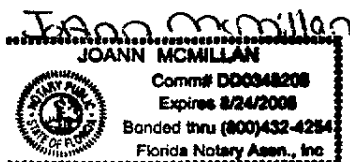
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STATE OF FLORIDA §
 §
COUNTY OF ST. LUCIE §

BEFORE ME, the undersigned Notary Public in and for said State and County, personally appeared Dr. William G. Tye, III, who executed the foregoing Articles of Organization, and who acknowledged executing the same for the purposes therein contained and to have the same recorded and filed as such, and that he further acknowledges that he is the President of Wholistic Medicine Clinic, Inc., which is a member of WHOLISTIC MEDICINE CLINIC, LLC, and he is ☒ personally known to me or he ☐ produced the following forms of identification: _____

SWORN TO and subscribed before me this 13th day of January 2005.


Notary Public, State of Florida
My Commission Expires: 8/24/08



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OF DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

In pursuance to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That WHOLISTIC MEDICINE CLINIC, LLC (a limited liability company), desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization of the County of St. Lucie, State of Florida, has named Roy T. Mildner, 101 North U.S. Highway One, Suite 200, Fort Pierce, Florida 34950, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated limited liability company, at the place designated in the Certificate, I hereby accept this act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.


Roy T. Mildner

101 North U.S. Highway One, Suite 200
Fort Pierce, Florida 34950

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